



Receipt

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Smithson et al.

Application No. 09/659,645

Filed: September 12, 2000

For: RESPONSE TO A COMPUTER VIRUS
OUTBREAK

Examiner: Hayes, Gail

Art Unit: 2131

Date: November 15, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on November 15, 2002

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Erica L. Farlow

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Technology Center 2100

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Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Change the Attorney Docket Number from "1017/0H663" to --NAI1P155/99.079.01--.

Change the Correspondence address from "DARBY & DARBY PC, 805 THIRD AVENUE, NEW YORK, NY 10022" to --28875, SILICON VALLEY IP GROUP, LLC, P.O. BOX 721120, SAN JOSE, CA 95172-1120--.

The Commissioner is authorized to charge any fees that may be due to Deposit Account 50-1351 (Order No. NAI1P155/99.079.01).

Respectfully submitted,
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Attorney Docket No. NAI1P155/99.079.01



UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/659,645	09/12/2000	2131	1248	4017/OH663	14	51	3

28875

NAIIPSS/99.079.01

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 New York, NY 10022

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FILING RECEIPT



OC000000005523304

Date Mailed: 11/01/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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 Anton Christian Rothwell, Aylesbury, UNITED KINGDOM;
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Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 11/01/2000

Title

Response to a computer virus outbreak

Preliminary Class

713

Computer BWL
 D&D Entry BWL
 Looseleaf _____
 Folder BWL
 Card _____
 Letter PS
 Foreign Flg. _____

Data entry by : THOMAS, SHEILA

Team : OIPE

Date: 11/01/2000

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



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Bib Data Sheet

CONFIRMATION NO. 6976

SERIAL NUMBER 09/659,645	FILING DATE 09/12/2000 RULE	CLASS 713	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. NAI1P155/99.079.01
APPLICANTS Robert Hugh Smithson, Cheltenham, UNITED KINGDOM; Andrew Arlin Woodruff, Aylesbury, UNITED KINGDOM; Anton Christian Rothwell, Aylesbury, UNITED KINGDOM; Jeffrey Martin Green, Aylesbury, UNITED KINGDOM; Christopher Scott Bolin, Buckland, UNITED KINGDOM;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/01/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 14	TOTAL CLAIMS 51
INDEPENDENT CLAIMS 3				
ADDRESS 28875				
TITLE Response to a computer virus outbreak				
FILING FEE RECEIVED 1248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	